

## **DAMAGES CHECKLISTS**

**C**redible damages reports require detailed data. Your economist needs a comprehensive picture of the plaintiff's family, employment, medical and financial situation to provide a report that includes all relevant loss issues.

Use these damages checklists as a tool for gathering information. The checklists identify most of the documents and information your economist will need to provide a complete economic-damages report.

If you do not have the time or resources to complete every item on the lists, the Center for Forensic Economic Studies staff can in most cases perform the research necessary to provide you with a comprehensive damages report. However, the more information you can provide, the quicker the report will be produced.

**PERSONAL-INJURY DAMAGES** - Page 2

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A form for requesting earnings information from the Social Security Administration is included at the end of this booklet.

**PERSONAL-INJURY DAMAGES CHECKLIST****DOCUMENTS**

Please provide these documents if they are available.

- \_\_\_ The complaint, answers, briefs
- \_\_\_ Depositions
- \_\_\_ School records of minor plaintiff
- \_\_\_ Plaintiff's employment and earnings history
  - \_\_\_ tax returns
  - \_\_\_ W-2 forms
  - \_\_\_ employer's records
  - \_\_\_ Social Security FICA earnings records (see request form at the end of this book)
- \_\_\_ Past and present collective-bargaining agreements
- \_\_\_ Fringe-benefit documents (e.g., pension plan, health plan, company-paid life insurance)
- \_\_\_ Business tax returns and description of business (self-employed plaintiff)

**General**

1. Name of case
2. Plaintiff's name
3. Plaintiff's date of birth, race and sex
4. Date of injury
5. Plaintiff's address (city and state)

**Education**

6. Educational level of plaintiff
7. Professional licenses or certificates held by plaintiff

8. For a minor plaintiff, list parents' educational level
9. For a minor plaintiff, list siblings' educational levels

Family status

10. Marital status of plaintiff
11. Name and birth date of spouse
12. Names and birth dates of children

Medical

13. Plaintiff's medical status prior to the injury
14. Time spent in hospital or in convalescence as a result of injury
15. Ongoing medical consequences of the injury
16. Medical costs incurred to date
17. Future medical requirements. List the cost of each item or procedure and also how often and for how long each item or procedure will be necessary.

Pre-injury employment

18. What job did plaintiff hold at the time of the injury?
19. Employer's name and address
20. Wages / salary
21. If the plaintiff is or was a union member, list number of hours he or she worked and/or the number of hours worked by union members on averaged. (This information is usually available through the union or the pension board).
22. Indicate employer-paid fringe benefits plaintiff received:
  - ☐ Health insurance
  - ☐ Pension plan
  - ☐ Dependent coverage
  - ☐ Savings plan
  - ☐ Other (describe)
23. List promotions and pay raises plaintiff anticipated
24. At what age did plaintiff plan to retire?
25. If plaintiff was not employed at the time of injury, list employment plans and aspirations.

Post-injury employment

26. Date of plaintiff's return to employment

27. Describe post-injury employment

28. Wages and fringe benefits of post-injury work

29. Amount of time plaintiff will miss from work as a result of the injury

30. Plaintiff's expected retirement age

Household services

31. List chores and housework performed by the plaintiff in the home prior to the injury. If possible, list weekly number of hours devoted to household services.

32. How has the plaintiff's performance of household services been limited by the injury?

Applicable law

33. In what jurisdiction is the case being litigated?
34. In this jurisdiction, is income tax considered when calculating lost earnings?
35. What other damages issues must be considered in this jurisdiction (e.g., growth and discounting)?
36. Who completed this form, and what is his / her relationship to this case (e.g., attorney, paralegal, client)?

**WRONGFUL-DEATH DAMAGES CHECKLIST****DOCUMENTS**

Please provide these documents if they are available.

- \_\_\_ The complaint, answers, briefs
- \_\_\_ Depositions
- \_\_\_ School records of minor plaintiff
- \_\_\_ Plaintiff's employment and earnings history
  - \_\_\_ tax returns
  - \_\_\_ W-2 forms
  - \_\_\_ employer's records
  - \_\_\_ Social Security FICA earnings records ( see request form at the end of this book)
- \_\_\_ Past and present collective-bargaining agreements
- \_\_\_ Fringe-benefit documents (e.g., pension plan, health plan, company-paid life insurance)
- \_\_\_ Business tax returns and description of business (self-employed plaintiff)
- \_\_\_ Medical and incident reports

**General**

1. Name of case
2. Decedent's name and sex
3. Decedent's date of birth
4. Date of incident and date of death
5. Decedent's race
6. Decedent's city and state of residence

Education

7. Educational level of decedent
8. Professional licenses and certificates held by decedent
9. For minor decedent, list educational level of parents and siblings
10. For minor decedent, list parents' and siblings' work experience

Family status

11. List claimants and their relationship to decedent



12. Marital status of claimants

13. Name and birth date of decedent's spouse

14. Names and birth dates of decedent's children

15. a) Decedent's parents' ages at death, if applicable

b) Date(s) of death of decedent's parents, if applicable

c) Ages of decedent's parents, if applicable

16. Medical problems predating incident

17. Length of time, if any, decedent spent in hospital or convalescence as a result of the incident

## Employment

18. Job held by decedent; last date of employment
  
19. Employer's name and address
  
20. Salary / wages
  
21. Promotions and pay raises expected by decedent
  
22. If decedent was a union member, list number of hours worked, and / or average hours worked by union members. (This information is usually available from the union or pension board)
  
23. Indicate employer-paid fringe benefits plaintiff received:
  - ☐ Health insurance
  - ☐ Pension plan
  - ☐ Dependent coverage
  - ☐ Savings plan
  - ☐ Other (describe)

- 24. At what age did decedent plan to retire?
- 25. If decedent was unemployed, list career aspirations

Household services

- 26. List chores, housework performed by decedent. Include average weekly hours

Applicable law

- 27. In what jurisdiction is this case being litigated?
- 28. In this jurisdiction, is income tax considered when calculating lost earnings?
- 29. What other damages issues must be considered in this jurisdiction (e.g., growth and discounting, maintenance)

30. List any limitations on entitlement of the estate to future earnings of the decedent

31. Who completed this form, and what is his / her relationship to this case  
(e.g., attorney, paralegal, client)?

## **EMPLOYMENT-DISCRIMINATION DAMAGES CHECKLIST**

### **DOCUMENTS**

Please provide these documents if they are available

- ☐ Complaint, answers, briefs
- ☐ Depositions
- ☐ Brief description of the facts of the case
- ☐ Plaintiff's resume
- ☐ Description of previous positions
- ☐ Employment application to defendant
- ☐ Employer's records on plaintiff's job performance
- ☐ Employment and earnings history (tax returns, W-2 forms and employers' records)
- ☐ Past and present collective-bargaining agreements
- ☐ Fringe-benefit documents (e.g., pension plan, health plan, employer-paid life insurance)
- ☐ Defendant's salary schedules
- ☐ Documents on post-incident earnings (salary schedules, fringe benefits, commissions, bonuses etc.)
- ☐ Vocational specialist's report, if applicable
- ☐ Medical reports if applicable
- ☐ Documents relevant to post-incident employment (salary schedules, fringe benefits, job description, commissions, bonuses, etc.)

### General

1. Type of case (e.g., age discrimination, race discrimination, ADA, wrongful discharge, failure-to-hire, etc.)
2. Plaintiff's name, race, sex and date of birth
3. Date of termination / incident
4. Plaintiff's city and state of residence

### Education

5. Educational level of plaintiff
6. Professional licenses or certificates held by Plaintiff

### Family status

7. Marital status of plaintiff
8. Name and birth date of spouse
9. Names and birth dates of children

### Medical

10. Plaintiff's medical status prior to incident / termination (if significant)

11. If this is an ADA case, list disabilities and accommodations sought

Employment history

12. What job did plaintiff hold at the time of the incident?

13. Describe job with defendant

14. List other jobs plaintiff has performed for defendant

15. Employer's name and address

16. Wages / salary paid by defendant

17. Indicate employer-paid fringe benefits plaintiff received:

- ☐ Health insurance
- ☐ Pension plan
- ☐ Dependent coverage
- ☐ Savings plan
- ☐ Other (describe)

18. What promotions and pay raises did plaintiff anticipate?

19. At what age did plaintiff plan to retire from job with defendant?

20. In failure-to-hire case, what were plaintiff's career goals and aspirations?

21. Date of plaintiff's return to employment, post-incident

22. Name of post-incident employer, date of hire, job title and job description



- 23. Wages of post-incident job
- 24. Plaintiff's expected retirement age from post-incident job
- 25. What did plaintiff do to seek work (mitigate) after incident?

Applicable law

- 26. In what jurisdiction is the case being litigated?
- 27. Is income tax to be considered when calculating lost earnings?
- 28. How is front pay treated in this jurisdiction?
- 29. Will a statistical analysis be required?
- 30. Who completed this form, and what is his / her relationship to this case (e.g., attorney, paralegal, client)?